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SMALLPOX AND VACCINATION IN CEYLON.

(Concluded from page 25.)

THE panic inspired by a pestilence so destructive and so widely spread, swept before it the obstacles to vaccination. "It dispelled the apathy and subdued the prejudices of many a stubborn Mussulman, forcing him to seek security and safety from a measure to which no other species of fear would have driven him." Within six months after the first appearance of the disease, the extraordinary number of 55,710, and within the whole year, 62,660 persons were vaccinated, of whom 48,411 inhabited the maritime districts, and 14,249 the Kandian provinces. The number vaccinated in these last, during the second six months of 1819, was 13,770, or considerably more than one and a half of the whole that had previously passed through cowpox, from its first introduction in September, 1816. In the month of November alone, 18,670 persons, or, upon an average, 622 a day, were vaccinated in the maritime districts; and 5,456, or 182 a day, in the Kandian provinces. The good effects of these vigorous measures were strikingly manifested in the diminished number of admissions and deaths, exhibited by returns received from all parts of the country on the 20th of January—than which no later accounts of the disease have been preserved.

The number vaccinated annually had diminished in 1822 to 14,542; but rose in 1823 to 17,735; in 1824 (during which smallpox prevailed, though to what extent is unknown) to 26,623; and in 1825 to 27,424; fell off again in 1826, and still more in 1827; increased a little in 1828; and in 1829 attained to 38,015, which was greatly superior to the number for any intermediate year from 1819.

In January, 1830, smallpox appeared in Colombo, and afterwards spread to the Four korles, Kandy, Doombera, Matele and Fort McDonald. Three cases occurred at Trincomalee, the same number at Galle, and a few at Aripo and Manaar, during the pearl fishery. But although it did not leave the island in less than fourteen months, its ravages were not to be compared, either in extent or severity, with those it had committed in less than half that time in 1819; the number attacked in the maritime districts being only 813—and 194 of them modified—and the number who died 194, which is in the proportion of 10 to 42; while the number attacked in the Kandian provinces was 198—none of them being modified—and the number who died, 110, which is

in the proportion of 10 to 18. The number of cases, therefore, throughout the island, was 1011, and the number of deaths 257, which is in the proportion of 10 to 39.

There were, besides, 217 cases, in the maritime districts, returned under chickenpox.

In 1830, the number vaccinated rose to 63,294, which was higher than in any former year, and must have contributed very materially to limit the range and diminish the mortality of smallpox then prevalent. For the next three years, vaccination was conducted with very considerable success, the number protected by it, in the last of them, being 24,556.

The visit paid us by smallpox in 1833 must be yet fresh in the recollection of you all. It was first detected in October of that year; prevailed, more or less, until December, 1834; was almost entirely confined to the maritime districts; and in the fourteen months, over which it was spread, attacked throughout the island only 460 persons—107 having it in the modified form—and proved fatal in 112, giving the proportion of 10 to 42.

In the same period 253 cases of chickenpox occurred, and two of them fell victims to dysentery.

This very mild visitation of smallpox had a less remarkable effect in promoting vaccination than either of the two which preceded it; for with all the efforts of the vaccine department, 35,410 persons only were vaccinated in 1834—a number not greatly exceeding one half the number vaccinated in 1819, or 1830. In 1835 the number was 24,319; and in 1836, 24,491.

None of you can be ignorant that smallpox has prevailed for the last ten months, to considerable extent and with great severity, in different parts of the island. It was first detected in Colombo on the 14th of July, in three unvaccinated Moormen, natives of Tutticoreen. By other unvaccinated Moormen it was carried to Caltura and Barberya. Through an unvaccinated Hakooro, on a visit to Caltura, it found its way to the nearly inaccessible village of Naebodde, in Iddegodde pattoe, Pasdoem korle; and, probably by means of Moor pedlars, was transported to the remote and distant Mootetoogame, in Kadawitte korle, Saffragam. How it obtained a footing in the Seven korles is not known; but by the 10th of September, it had reached Wallewe, Giratalawa pattoe, about twenty miles to the east of Chilaw, and afterwards spread to the neighboring villages of Pehimbie and Pallagame. The disease appears to have been carried more directly from the Coast to Jaffna, by the way of Ramnisseram; and has visited a great many other towns and villages, as Badulla, Ratnapoora, Kandy, Galle, Matura, &c., without, however, raging so fiercely, or proving so fatal, as in the places first mentioned.

In the beginning of this month the disease assumed a very threatening aspect in Kandy. A wellale from Colombo and Kornegalle had indeed carried it thither so early as the 3d of September, but, during the four succeeding months, only six other mild cases had occurred, five of these in natives of Colombo, Ambangodde and Galle, two of them being re-

cently from the maritime provinces. On the 9th of April an unvaccinated Moorman, residing in Kandy, but a native of Galle, was attacked with the disease in a confluent form, and died on the 22nd; on the 20th of the same month a child, whose mother was reported to have died of the disease, but to have been concealed, was found laboring under it, in the Malay Lines; one of the inhabitants was attacked on the 3d of May, six or seven on the 4th, fifteen on the 5th, and from three to six daily from this to the 10th, since which, not more than one or two seems to have occurred daily, if we except the 14th, in return for which five new cases appear. Eighty-four cases, altogether, have hitherto appeared in Kandy—76 of them during the present month—twenty-three have already terminated fatally, and thirty remain under treatment. The other parts of the Central province, in which the disease has shown itself, for the first time this month, are Doombera, Oodoonuweera, Hewabette, Matele, Nuwera Ellia, Kohoke korle and Kornegalle—42 cases and 9 deaths have been reported from them all, and 23 remaining under treatment or observation.

But during the last four months smallpox has prevailed chiefly, most severely and most fatally, in Slave island; and also during the first half of that period, in the Colpetty, Maliban or Land street, and Fishers quarters, Colombo. Several fatal cases have occurred in Timbirigasgawe, Morottoo, and other villages of the Salpitty korle; and we have too much reason to fear that the disease has not yet spent its force, but may spread extensively through that and the neighboring korles.

The number that have been attacked with the smallpox, in the different provinces, from the first appearance of the disease, July 14, 1836, to May 29, 1837, is 1,102; number of deaths, 303; proportion of deaths to cases, as 10 to 36; remaining sick or convalescent, 126.

In addition to the above there have occurred 270 cases of chickenpox.

In six months of 1819 smallpox attacked three times, and caused the death of considerably above four times the number of persons that it has done during its three subsequent visitations together, comprehending a period of thirty-eight months.

From the review we have now taken of all the visitations of smallpox to this island, of which the particulars have reached us, it appears that, during

the two years ending in Sept. 1802, 2,110 cases and 473 deaths, or 10 deaths to every 45 cases occurred.

6 months of 1819	7,874	-	2,945	-	26
14 " 1830-31	1,011	-	257	-	39
14 " 1833-34	460	-	112	-	49
10 1-2 1836-37	1,102	-	303	-	36
Total	11,557	-	4,090	-	30

Since the year 1830, the arms of every person affected with smallpox, who has come under the observation of the officers of the vaccine department, in this island, have been examined, and the appearances written down when he was first seen, and before it could be known whether he was to recover or die. Of 312 cases, which, in this way, I myself examined in 1830, 123 acknowledged that they had never been

vaccinated, and 113 more (who said they had been vaccinated) had either no marks, or unsatisfactory marks of vaccination, making 236 in all. Of this number 91 died, giving the proportion of 10 deaths to every 26 cases. Of the remaining 76, who had satisfactory marks of vaccination, only 1 died, giving the proportion of 10 deaths to every 760 cases. During the same epidemic, there were four persons who had labored under smallpox in preceding years, attacked a *second time* with that disease, and *two of them died with this second attack*. Again, in the epidemic of 1833-34—of 425 cases of smallpox reported by different medical officers to the superintendent general of vaccination, 314 had either never undergone, or, in the opinions of those officers, bore no satisfactory marks of vaccination; and 107 of them died, giving the proportion of ten deaths to every 29 cases. Of the remaining 111, that had been successfully vaccinated, only two died, giving the proportion of 10 deaths to every 555 cases. Taking the two epidemics together, we have 737 cases, of which 550 had no satisfactory marks of vaccination, and of these last 198 died, giving the proportion of 10 to 28, or more than 1 to 3; while of the remaining 187, who had satisfactory marks of vaccination, only 3 died, giving the proportion of 10 to 623, or 1 to 62. At this rate, if 124 person were attacked with smallpox in two villages—62 in each—and all the inhabitants of the one, but none of the other, had been satisfactorily vaccinated, in the first village 1 only, and in the second, 22 would die; are you, then, by neglecting vaccination, to abandon to certain death 22 out of every 62 among you, who may be unfortunately seized with smallpox, merely because that admirable gift of Providence would enable you to save the lives of 21 only, and not of the whole 22?

Of 1102 cases of smallpox—the whole number known to have occurred in Ceylon, from the 14th of July last to the 29th of May—*no fewer than 250 have occurred in Slave island*, and 247, or all but 3 of them, during the last four months and a half, or since the 3d of January. Sixty-five of these thoughtless and improvident beings have already died, and 23 continue on the sick returns. Eighty-six out of the 247 occurred among the men, women and children of the Ceylon Rifle Regiment. Of the remaining 161 cases, 128 had no satisfactory marks of vaccination, and 43 of them are already dead; 34 had satisfactory marks, and 1 one of them, also, is dead. I am bound, at the same time, to add (though I do not profess to be able to explain this very singular anomaly) that, of 16 fatal cases in the Ceylon regiment, 7 are reported to have had satisfactory marks of vaccination.

Of 68 cases of smallpox, admitted into the Marendahn hospital from 14th July to 5th January, 1 only—but of 233 cases, admitted from 6th January to 29th May, 128—came from Slave island. \* Of 28 cases, that terminated fatally in the same establishment, from 14th July to 5th January, 1 only (the above admitted)—but of 66 cases that terminated fatally from 6th January to 29th May, 41—were from Slave island; and of 31 cases, remaining under treatment on the last mentioned day, 15 came from it.

In the Colpetty, again, 25 cases of smallpox have occurred—23 of

them within the last three months, or since the 6th of January; 8 have died, and 4 remain under treatment. None of the fatal cases had satisfactory marks of vaccination.

The whole number vaccinated in Ceylon, since August, 1802, is 871,122.

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**INFLAMMATION AS INFLUENCED BY THE TIME OF ITS DEVELOPMENT.**

[Communicated for the *Boston Medical and Surgical Journal.*.]

In a former communication to this Journal I endeavored to show a connection between the phenomena of external inflammation, and the hypothesis of a fluid existing within the system, more subtle than the blood, as the prime agent in impelling the blood in its determinations. The argument in favor of this hypothesis is threefold, as drawn

1st. From the mathematical lines which certain inflammations, as smallpox, ring worm, &c., present.

2d. From the periodical changes, both of form and constitutional affection, which they present.

3d. From a comparison of the different inflammations of the skin with each other, as they are produced more or less suddenly.

The two first have been touched upon, imperfectly, in the communication alluded to. The object of this is to show that there is a necessary connection between the time which a cause acts to produce inflammation, and the course which that inflammation takes; and that this relation between time and the inflammation is what might be expected from the reciprocal action of the blood and a subtle fluid in which it moves, according to the law of resistance in fluids.

The means of estimating the time of action of the remote cause will depend on the manner in which it is applied. If it is inserted beneath the cuticle, as in inoculation, or deposited upon it by friction, we may infer it to be acting from the moment of its application. If it has no such tangible marks, we can, without fear of affecting the general result, regard the commencement of the eruptive fever as the index of its activity. In scarlatina, the period of the eruptive fever equals, or, what amounts to the same thing, is in proportion to, the time of its acting. In endermic medication, the interval between the impression of the irritant and the development of the inflammation, is in proportion to the same. The state of the constitution will affect the action of the cause, as it is disposed to re-act on its impression or not, so as to yield to it a current of stronger or weaker intensity. From these preliminaries it is easy to perceive that my hypothesis, to be tenable, must afford a solution of the phenomena of eruptive diseases, by the introduction of two circumstances only, which, indeed, are elements not to be lost sight of in calculating the effects of currents excited in any elastic fluid whatever. These circumstances are, first, the initial velocity of the current excited; and, second, the time during which that velocity is accelerated; the former of which will agree with the primary effect of the morbid

agent, the latter with the time it may be conceived to act. By them the whole force of the current\* can be alone determined, in like manner as the momentum of a body falling by gravity, and with them the phenomena to be explained must correspond, their variations according with variations in one or both of these circumstances.

There are two eruptive diseases attended with high febrile action, in which there is a primary and uncomplicated affection of the skin. These are scarlatina simplex and smallpox. The one presents us with the true type of erythematic, the other with that of phlegmonous, inflammation of the skin. The eruption of measles can hardly enter into the account, because it is complicated with a bronchial affection to which it is secondary. Nor can that of typhus, which is also complicated with an abdominal affection. In scarlatina the eruptive fever lasts from 24 to 48 hours, and the consequence is a diffuse erythematic inflammation of the skin, which runs its course rapidly. In smallpox the eruptive fever lasts twice or three times as long; and when the skin yields to the force applied to it, we have that peculiar plegmonoid inflammation, characteristic of this disease, which is slower in going through its subsequent stages.

From these facts, taking the periods of the eruptive fever as indices of the action of the remote causes, we are entitled to the inference that causes, presumed different, acting with difference of time, produce different effects. Thus much may be said of those causes which act on the constitution in a manner inappreciable to the senses. Now if we take into view the action of external irritants applied to the skin, we shall find that those which operate with rapidity produce an inflammation which runs its course rapidly, and is more or less erythematic. Those which operate slowly, give rise to an inflammation resembling, in a greater or less degree, smallpox. Mustard, ammonia, and other rubefacients, are followed by an erythema immediately on their application, and these inflammations disappear soon after the irritant is withdrawn. Cantharides produce vesication after a slower action, which requires a longer time to heal. When, on the contrary, tartar emetic or mercurial ointment is rubbed over the skin, they show no signs of action for some days; and when the eruption makes its appearance, it is pustular in both instances. The eruption following the application of tartar emetic ointment is so close in its resemblance to smallpox in its first stages, as to be frequently pointed out as the best test to compare it with, in order to determine whether an eruption is smallpox or another disease, when it falls under the observation of a physician who has never seen a case of smallpox.

These facts, taken together, go to establish a proposition which may briefly be expressed thus.

*Diversity of cause, acting with uniformity of time, produces uniformity of effect.*

\* When I speak of a current, I mean to be understood not a uniform flow, but a succession of impulses or undulations directed towards a certain point. These impulses may increase or diminish in force, like rising or falling the notes in music. Such, there is reason to believe, is the true nature of the electrical current, towards one pole of which is a series of impulses of which each successive one is stronger than the one immediately preceding, and towards the other the reverse.

Another proposition, the converse of this, is established by a comparison of the relations of the different kinds of pock among themselves, which, for the sake of bringing in connection with the foregoing, I shall express as follows.

*Uniformity of cause, acting with diversity of time, produces diversity of effect.*

To prove this, I need only point out the difference between the first and second vaccination in regard to the inflammation proceeding from each. Here we have the same substance, applied to the same tissue, under precisely the same circumstances in all respects but one, and that one is the fact that it has been applied before. To this variation in circumstance we are disposed to refer all variations in the consequences. And what are the variations in the consequences? The first undoubtedly is, the relative shortness of time during which the cause acts to produce its effect; for the virus, the first time it is inserted, seems to lie dormant in the system for two or three days. I say *seems*, for it is an absurdity to suppose that its action does not commence immediately on its coming in contact with the living fibre. On the contrary, the second time of vaccination the system reacts immediately, and the inflammation runs its course in three or four days. Now this difference of effect we cannot refer to the first variation in circumstance, that is, to the fact that the virus has been applied before; for that fact, affecting the constitutional predisposition to be acted upon by the cause, must have the same effect as though the constitutional predisposition remaining the same, a new cause or morbid agent were applied. At the same time, did it depend on that fact alone, there would be no need for a difference in the time of action to produce the difference noticed in the effects. Such a proposition would then be established as this. Diversity of cause, acting with uniformity of time, produces diversity of effect, which is inconsistent with the first proposition, that diversity of cause, acting with uniformity of time, produces uniformity of effect. Thus two propositions, deduced each from a separate train of facts, are inconsistent with each other; and it becomes a question how to reconcile them. There is one way to do this, and but one; which is to connect the modifying agency in all cases with the *time of the cause's action*. Both propositions would then merge into the single general one, that all causes acting with uniformity of time produce uniform effects, and causes acting with diversity of time produce diverse effects—or that the effects of causes vary as the time of their action. But the time of action being directly dependent on the cause, must vary as the cause. There can, then, be no such proposition as that diversity of cause, acting with uniformity of time, produces uniform effects; because uniformity of time presupposes uniformity of cause. Here, then, there is a flat contradiction of the first proposition, which involves us again in difficulty. This difficulty, however, will be removed if we consider that the agents we have introduced as causes, are not the real causes, but those that are *apparent to our senses only*. They are the mustard poultices, the cantharides, the ammonia and the vaccine virus. Between them and the visible effects, an intermediate cause may be supposed to exist, which is

a unity varying in degree, but always in the ratio both of the time of its action and of its ultimate effect. Such a cause we are forced to admit, or throw away the first proposition, and, it might be proved, the second also. In proportion, therefore, to the weight of evidence in favor of these propositions, shall we be inclined to call up this intermediate cause. If that evidence is satisfactory, the next point of inquiry will be, whether we must consider the cause a vital or physical one. This inquiry will be resumed in a future number.

B. H.

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**CASE OF LACERATION OF THE IRIS, WITH STRABISMUS.**

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since the publication of the article on laceration of the iris, in a late number of this Journal, there has occurred in my practice another instance of the same accident, a brief notice of which may be acceptable to some of your readers. The greater part of the cases mentioned in the article referred to, were attended with the destruction or loss of some portion of the iris. In the present case, there is laceration or separation, without loss of substance, of the external margin of that membrane from the ciliary ligament, resulting in the formation of a false or accidental pupil, while the natural pupil remains entire.

CASE.—Thomas Cody, seaman, aet. 19. When about seven years of age he received a violent blow, from a stone, on the right eye. This was followed by a severe inflammation of the eyeball and swelling of the lids. These gradually subsided, but the eye remained weak for a long time afterwards. Upon examination he became aware, some months after the accident, that the power of vision was much impaired from the effect of the concussion upon the delicate texture of the retina. Now he is unable, with the injured eye, to distinguish print of any size, and sees the outlines of large objects indistinctly; and the central part of any dark and opaque body is entirely obscured, while the rest continues more or less visible. But when looking at luminous objects, as the flame of a candle, he has double vision; one of the images appearing upright, and the other extending laterally, like a flame projected by a blow-pipe. Has never had the appearance of luminous spectra, but when exposed to brilliant light, or the reflection of the sun's rays from the water, he observes muscae volitantes, or dark motes floating in the field of vision.

Some five or six years ago, he first remarked the occurrence of strabismus convergens in this eye. This defect, which is a frequent consequence of habitual neglect of one eye and exclusive use of the other, seems in the present case to remain stationary—neither increasing nor diminishing.

The false pupil is of an oval form, and is situated at the margin of the cornea, next the internal angle of the eye. It possesses, to a limited extent, the power of dilating and contracting, which Dr. J. Wyman (to whom I am indebted for a very correct drawing of the eye) noticed, is

manifested inversely to the motions of dilatation and contraction of the natural pupil. Thus, when the latter is strongly contracted by exposure to a bright light, the former is most fully dilated, and the reverse takes place when the natural pupil is dilated. The dilatation of the false pupil is obviously the result of the contraction of the orbicular or circular fibres of the iris, which diminishing the area of the natural pupil, at the same time draws towards the centre the outer margin of this membrane, where it is separated from its attachment to the ciliary ligament. The natural pupil, when the opposite eye is closed, and the influence of the mutual sympathy existing between the two organs and the functions of their subordinate parts is thus suspended, becomes preternaturally dilated, by reason of the powers of the retina being impaired. It is likewise somewhat irregular in shape; the inner edge, or that which corresponds to the site of the false pupil, approaching to a square form, on account of its not being dilated equally—the straight fibres wanting a fixed point of attachment at this part, but acting fully in all other directions.

Near the inferior angle of the false pupil, and extending over the margin of the cornea, is a triangular-shaped opacity, which is supplied, from the tunica conjunctiva, with several enlarged bloodvessels. This opacity no doubt indicates the spot upon which the blow was received, and, in common with the lesion of the iris, is the result of that injury. The remainder of the cornea and the humors of the eye, are clear and transparent. The left eye is sound.

Of late, the patient has experienced, in the diseased eye, some pain, for the relief of which, local depletion, by cupping, has been advised.

Your obedient servant,

EDWARD J. DAVENPORT.

August 30, 1838.

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#### CASE OF NEURALGIA.

[Communicated for the Boston Medical and Surgical Journal.]

The following case of neuralgia had been of four months' standing. The patient was a very intelligent female, of the nervous temperament and of a delicate constitution, aged about twenty-two. She had been married about two years, and had one child, which was healthy. The pain was seated in the jaws and side of the face, paroxysmal, and recurring every day, but at no regular time during the day; sometimes coming on in the forenoon, sometimes in the afternoon, but rarely in the night. It had followed the extraction of one of the molar teeth, and during the attacks of the disease the pain seemed to spread from that as a starting point, over the side of the face and to the nose. The pains were of the most acute kind, lasting for several minutes, entirely overcoming the patient, so that she would completely lose control of herself during the paroxysms. The disease was evidently injuring her general health; she became emaciated, and her features, which were regular and extremely handsome, were becoming altered from the effects of it on the whole nervous system. The disease was apparently growing.

worse when she was put under medical treatment. She was now ordered a simple emetic of ipecacuanha, to be continued every day for ten days, to be taken every morning after a breakfast of bread and butter only, without tea or coffee. The remainder of the day the meals were to be of the usual mixed diet, with the exception of tea and coffee, water or milk and water being the only drink allowed. A teaspoonful of a mixture of equal parts of tincture of opium and alcohol was taken in a third of a tumbler of water, thickly sweetened with sugar, as soon as vomiting had ceased in the morning, and the same again about two hours after tea time. On the third and seventh days of the ten days during which emetics were given, a large blister was placed over the spine, between the shoulders.

This treatment was strictly pursued during ten days, and then laid altogether aside. There was not any return of the pain after the treatment was commenced, or after the first emetic; and although some weeks have since passed, there is no evidence of a return of the disease. The bowels were somewhat costive during the treatment, although they had not been before; but no cathartic medicines were prescribed, this circumstance being intentionally and entirely unattended to. The emetics vomited, generally, three and four times each.

*August, 1838.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 5, 1838.

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### MEDICAL STAFF OF THE UNITED STATES ARMY.

HAVING been repeatedly solicited for information in relation to the mode of joining the medical staff of the army, we addressed the Surgeon General, at Washington, with a view to being correctly informed. The answers which he kindly returned to the several questions propounded, are ultimately designed for a distinct publication, now in some state of forwardness; but believing that the immediate publicity of the essentials embraced in that distinguished officer's letter, would be of service to medical students, and those who have recently been admitted to degrees of medicine throughout the country, many of whom have repeatedly expressed a desire of being commissioned, we have concluded to anticipate its publication in that work—there seeming to be no reason why it should not be generally known to professional aspirants. The questions and answers are given below.

“1st. How are Surgeons and Assistant Surgeons appointed in the Army of the United States?

“It is replied, that direct appointments are not made in the Medical Department of the Army. Candidates for the department appear before the Army Medical Board, where they submit to an examination as to their moral characters, their physical qualifications and their professional attainments. On a favorable report from the Board the candidates are called into service, in the order of merit assigned by the Board, as vacancies occur. They enter as Assistant Surgeons, and are, after five

years service in that grade, promoted, should there be vacancies, to the rank of Surgeons.

" It may be proper to say that the Army Medical Board was recognized by act of Congress in 1834 ; that the only avenue to the Medical Department is a favorable report on the merit of candidates examined by that Board ; and that the happiest results to the service have, by universal admissions, flowed from the action of the Board.

" 2nd. To whom do candidates apply for commissions, and how and when are they granted ?

" Applicants for admission into the Medical Department of the Army address ' the Secretary of War,' for authority to appear before an Army Medical Board. In reply to that application they receive a printed circular, asking of them information touching place of nativity, age, residence, general and professional courses of education, &c. The number authorized to be examined depends somewhat on the number of vacancies ; and as it is desirable to have supernumerary passed candidates to supply contingencies, it meets the views of the service that there should always be a full list of applicants for examination, accessible to the Department, for every session of the Board, which sessions occur once or oftener in the year.

" The second branch of this inquiry is replied to in the answer to the first question.

" 3d. What qualifications are required, and what compensation is made ?

" It is required of candidates that they be well grounded in general and special anatomy, in surgical anatomy and surgery, in the principles of practical medicine, and in obstetrics. On a thorough acquaintance with these branches depends the favorable opinion of the Board. No one succeeds without this knowledge ; no one fails with it. As the greater includes the less, so the invariable experience of the Board is, that when candidates are well informed on these essentials, they have never been found deficient on the important branches of medical education, such as therapeutics, medical chemistry, and jurisprudence and toxicology. Appropriate importance is given to experience in the practice of medicine and surgery, and it adds to the estimation in which the candidate is held that, *ceteris paribus*, he shall have enjoyed the advantage of general and full collegiate education.

" An existing regulation restricts the age of admission to that not exceeding twenty-eight years.

" As to the compensation. It is graduated to the length of service. The law of 1838 assimilated the pay of Officers of the Medical Department to that of first Lieutenant, Captain and Major of Cavalry. Surgeons and Assistant Surgeons of ten years standing in their respective grades are allowed double rations ; and for every five years service one additional ration per day is allowed. Without entering into a detail of emoluments, it may be said, that the pay of the medical officer confessedly is not greater than it should be, yet is highly respectable ; and the situation of the Army Surgeon has of late, by legal enactment, and by the operation of the Medical Board, become so elevated in the estimation of the army and of the community as to attract from the profession at large, for the department, an ample share of respectable and valuable talent.

" 4th. Apothecaries of the Army—are there such officers ? if so, by whom and when appointed, and their compensation and qualifications ?

"There is no such class of officers in the service as Apothecaries. The pharmaceutic duties are discharged by 'Hospital Stewards' under the supervision of the medical officers. Medical officers, only, have power to engage hospital stewards; and application should be made, for that purpose, directly to them or to the Surgeon General. It is desirable to have stewards especially enrolled for the purpose as provided for by the regulations. They have usually been selected from indigent students of medicine and druggists' clerks, of undoubted moral character, by whom the compensation has been deemed satisfactory. The situation is comfortable and respectable, while it is the object and interest of medical officers to improve in every way the condition of the steward.

"5th. Who regulates the services of the Medical Officers of the Army?

"The duties of these officers are directed by the Secretary of War, upon the recommendation of the Surgeon General."

*Origin and Progress of the Massachusetts Medical Society.*—Such is the title of a discourse delivered by Dr. Alden at the last anniversary meeting of the Society, the 30th of May. To the junior members of the Association, many historical facts brought together in this paper are, doubtless, new. Reminiscences, even if they are not more than fifty-seven years old (the age of the Medical Society), are profitable to a certain degree, and always gratifying to one who is tinctured with the spirit of antiquarian research. But still we think our friend Dr. Alden was unlucky in the choice of his topic. He is a physician, a distinguished one, and a dissertation from him on the therapeutic management of some disease would have given him ample ground for displaying that critical knowledge which we know he possesses. There would have been character in anything he chose to write upon, in which he could have exhibited the skill, the penetration, and the careful, yet decisive mode of combating disease, which marks the progress of the school of New England practitioners to which this gentleman belongs. It was a waste, therefore, and a loss to the Society, to a certain extent, that he was employed upon its origin and progress, when something practical was so generally expected.

However, we cheerfully confess ourselves in possession of an excellently well-digested history of the operations of our Society, as old and as respectable as any in the country; and we are, indeed, proud to number in its ranks the names of men who were the benefactors of their race, whose memories will outlive the fraternity which was honored by their support. Though all this might have been obtained before, yet it was scattered through a labyrinth of publications, which it was no pleasant labor to investigate. Dr. Alden, in reality, has become the historiographer of the Society, thus far, and he must hereafter be consulted as good and sufficient authority.

Without a single unkind feeling—on the contrary, having the most perfect respect for the author—these remarks are intended to express something more than an individual opinion, viz., that the members, generally, are always better satisfied with a strictly medical anniversary discourse, than with anything discursive or only generally relating to the great objects contemplated by the Society.

Having spoken thus freely, we confess that it has reference, in some measure, to the future. On whomsoever the election falls for a disser-

tation, in succeeding seasons, let him treasure it in his mind that these annual discourses are sent abroad—and wherever they go, they are considered *specimen-pieces* of our science and our progress in medicine, because the authors are picked men. A sense of pride, but, above all, a hearty disposition to do as well as we are truly capable of doing in this respect, should have a controlling influence with the writer.

As opportunity presents, parts of Dr. Alden's pamphlet—such, particularly, as would seem to be most interesting to our readers out of this Commonwealth—may have insertion.

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*Pennsylvania College.*—Lectures are now delivered in this institution on anatomy. This seems like the beginning of a regular system of medical instruction, which is probably contemplated within a few years. The college is located at Gettysburg, within sight of the South Mountain, a branch of the Blue Ridge, 114 miles from Philadelphia, 180 from Pittsburg, and 35 from Harrisburg, the capital of the State. Being principally a German college, or rather an institution in which German youth are educated, the organization of a strictly medical department would, doubtless, be hailed with satisfaction.

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*Neuralgia.*—Readers are respectfully referred to a communication, on another page, upon the successful treatment of a very severe case of neuralgia, inserted on the authority of Dr. Wheelock, of Belfast, Me., which deserves the particular attention of practitioners. It shows that perseverance in a course of medicine is of the utmost importance. Although the relation is drawn up with perfect simplicity, and by no means elaborate, it is deeply interesting. Emetics are not prized as they should be in our practice.

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*Tomato.*—A correspondent expresses a wish to have us give an opinion upon the medicinal virtues of this plant, and says, "there seems to be a prevalent opinion that the tomato is the *matchless sanative*." He adds, that "a friend afflicted by the piles, assured me, after three years' experience, that when using the tomato, the disorder was always increased." We have no superior knowledge on the subject, and are obliged to assure him that we never saw a tomato pill; nor have we ever reflected a moment on the nature or qualities of the *matchless sanative*, which is presumed to be as much of a catch-penny for gulling the stupidly ignorant, as Brandreth's pills, or Mrs. Gardner's liverwort syrup. As a nation we deserve the ridicule cast upon us for being continually taking quack medicines, from the cradle to the grave.

If any of our professional readers are personally familiar with the medicinal virtues of the tomato, we should be pleased to receive from them something on the subject.

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*Dr. John C. Warren.*—It is with great pleasure that we announce the return of Dr. Warren, from his visit to Europe. While abroad, Dr. W. received marked and flattering attention, not only from men eminent in the profession, but also from persons distinguished in scientific and literary pursuits, and we need hardly say, that his return to this country will be warmly welcomed by all who respect—and who does not—high

moral excellence, united with professional attainments not excelled, if equalled, by any.

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**Massachusetts General Hospital.**—During the absence of Dr. Warren, the Surgical Department at the Massachusetts General Hospital has been under the care of Dr. George Hayward. In this time there have been admitted into the hospital many cases of severe accidents, and the surgical operations have been neither few in number nor unimportant in their character. A very large proportion of the cases terminated successfully; and while we take this occasion to present our acknowledgments to Dr. Hayward for his interesting paper on the operation of trephining after injuries of the head, we rejoice to learn that it is his intention to favor the profession with an account of other important operations.

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**Bilious Fever.**—Accounts from Charleston, S. C., state that what is commonly called the stranger's fever, known to physicians, generally, by the popular term bilious fever, is alarmingly prevalent. Vessels from that port are subjected to a quarantine detention at New York, which will continue while the disease exists.

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**State Medical Societies.**—Our gatherings, of late, are still incomplete without more knowledge of the several State Medical Societies, south and south-west. Catalogues of the Medical Societies of New Jersey, Delaware, Pennsylvania, Maryland, Ohio, Missouri, Illinois, North and South Carolina, Kentucky, Alabama, Georgia and Maine, are very much wanted. The name of the President, Secretary and Treasurer, and the day of the annual meeting, constitute the essentials, and would answer all the purposes of the usual printed document.

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**Transylvania University.**—Notwithstanding the colonization of a part of the medical department, to Louisville, the prospectus for 1838 shows that the faculty are in good spirits, and the school as capable of being efficient as it ever was. Dr. Dudley, in the chair of Surgery, is a very distinguished operator. As a lithotomist, he is without a rival in the States. The list of graduates since 1822, is a formidable pamphlet—for a copy of which, the gentleman who sent it will please accept our thanks.

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**Hooping Cough.**—At a period when hooping cough prevails very generally, the following remarks, by M. Lombard, of Geneva, may be read with interest :

M. Lombard conceives that he has discovered a never-failing sign of the decline of the disease, which is marked by a much greater frequency of accesses during the day than during the night, while, on the contrary, before the malady has reached its height, the fits of coughing are more frequent during the night.

The experience of M. Lombard, also, confirms a proposition which has been already established by previous researches, viz., that the danger of the disease is in the inverse ratio of the age of the patient. Of forty children who died during an epidemic attack of hooping cough,

under M. Lombard's care, two thirds were under two years of age; the others ranged between the ages of two and four years. After six years he did not lose a single child.

Finally, M. Lombard speaks highly in recommendation of the sub-carbonate of iron as a means of diminishing the violence and number of the fits of coughing. From 24 to 36 grains a day were administered to the little patient, with the best effects.—*French Lancet*.

**ERRATA.**—In No. 3, first page, for *cconeune*, read *couenne*.—In same No. p. 44, for *genus rivole*, read *Geum rivale*.

**Whole number of deaths in Boston for the week ending September 1, 40.** Males, 25—females, 15.  
Consumption, 6—cholera infantum, 5—infantile, 3—dropsy in the head, 3—gout, 1—Inflammation of the lungs, 1—old age, 1—fits, 1—hooping cough, 9—dysentery, 2—croup, 1—teething, 3—scarlet fever, 1—diarrhoea, 4—delirium tremens, 1—apoplexy, 1—stillborn, 4.

#### HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Dr. G. HAYWARD.
Chemistry, by	Dr. WEBSTER.
Theory and Practice of Physic, by	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—tN

Dean of the Faculty of Medicine.

#### MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	ELI IVES, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	WILLIAM TELLY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

*Yale College, Aug. 16, 1838.*      A.29—6w      CHAS. HOOKER, Secretary.

#### MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

#### MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day. On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING. On Physiology, Pathology, Therapeutics, and Materia Medica, " Dr. WARE. On the Principles and Practice of Surgery, " Dr. OTIS. On Anatomy, " Dr. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tF

## COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

The annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery, - - - - - WESTEL WILLOUGHBY, M.D.  
 On Chemistry and Pharmacy, - - - - - JAMES HADLEY, M.D.  
 On Anatomy and Physiology, - - - - - JAMES McNAUGHTON, M.D.  
 On Theory and Practice of Physic, - - - - - JOHN DELAMATER, M.D.  
 On Materia Medica and Medical Jurisprudence, - - - - - T. R. BECK, M.D.  
 On Principles and Practice of Surgery, - - - - - JAMES McNAUGHTON, M.D.  
 In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 29—epit

## SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - - DR. BIGELOW.  
 On Anatomy and Surgery, by - - - - - DR. REYNOLDS.  
 On Midwifery and Chemistry, by - - - - - DR. STOMER.  
 On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 29—ep3m

JACOB BIGELOW,  
 EDWARD REYNOLDS,  
 D. HUMPHREYS STOMER,  
 OLIVER W. HOLMES.

## BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:—

JOHN C. WARREN, M.D.  
 RUFUS WYMAN, M.D.  
 GEORGE C. SHATTUCK, M.D.  
 JACOB BIGELOW, M.D.  
 WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.  
 JOHN RANDALL, M.D.  
 ENOCH HALE, M.D.  
 JOHN WARRE, M.D.

At the Annual Meeting of the Committee, on Wednesday, August 1, 1838, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelatous Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz.:—

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.—

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1836, the Secretary was directed to publish annually the following votes, viz.—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8—4t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid.